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REPORT OF RECEIPTS SECR

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FEC FORM 3		DISBURSE An Authorized Cor		S 14	AN 30 (15 15 CETA ET 11 2 35 4: 39 11 2 16 30 AM 10: 24
1. NAME OF COMMITTEE (in	TYPE OR (_	xample: If typover the lines.	ing, type	12FE4N	SEC MAIL CENTER
Gammit	tee to	Elect Di	yk,A	bus	, <u> </u>	
ADDRESS (number an	(1 street) 17.29	shields	River	Roa	1 1 1	<u> </u>
Check if difference than previous reported. (A	ferent usly	Isall,	1 1 1 1		WI	590861-
2. FEC IDENTIFIC	ATION NUMBER V	CITY A			STATE A	ZIP CODE
C0059	48776	3. IS THIS REPORT	NEV (N)	V OR	AMEN (A)	STATE ▼ DISTRICT
(a) Quarterly Re April 15 July 15 October January	PORT (Choose One) sports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q2) 31 Year-End Report (YE ion Report (TER)		Primary (12F	(12C) (port for the:	Runoff (3	in the State of
5. Covering Period	10'8"	20.13	through	M2.	· E ·	2013
I certify that I have ex	amined this Report and		owiedge and . SE((belief it is tr	ue, correct an	rd complete.
Signature of Treasurer	Dogin	. (<u>%</u>	ممع 2	ع ا	oate O	1 29 1 2014
NOTE: Submission of te	alse, erroneous, or incon	oplete information may	subject the per	son signing t	his Report to t	the penalties of 2 U.S.C. §437g.
Use Only						FEC FORM 3 (Revised 02/2003)